Substance Use Disorders: A Path Forward for Michigan

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Tackling the opiate crisis at the state and local level
MICHIGAN

Drug Poisoning Death Rate per 100,000, by County, 2010-2014

Drug Poisoning Death Rate by State and National
(age-adjusted per 100,000 population)

Annual rate of opioid pain reliever prescriptions
dispensed by retail pharmacies (per 100 population)

Michigan's Status:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Michigan Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted Drug Poisoning Death Rate (2014)</td>
<td>18.0 per 100K population</td>
</tr>
<tr>
<td>National Rank in Drug Poisoning Death Rate (2014)</td>
<td>16th</td>
</tr>
<tr>
<td>Requires ALL Prescribers Receive Appropriate Opioid Prescribing Training</td>
<td>NO</td>
</tr>
<tr>
<td>Established a Prescription Drug Monitoring Program (PDMP)</td>
<td>YES [PDMP TTAC State Profiles]</td>
</tr>
<tr>
<td>Requires Pharmacy to Submit Data to PDMP within 24 hours</td>
<td>YES [CDC Prevention Status Reports]</td>
</tr>
<tr>
<td>Requires PDMP use by ALL Prescribers</td>
<td>NO</td>
</tr>
<tr>
<td>PDMP Interoperable with other States</td>
<td>Shares info with 20 states [National Association of Boards of Pharmacy]</td>
</tr>
<tr>
<td>State Law Explicitly Allows Syringe Service Programs</td>
<td>NO</td>
</tr>
<tr>
<td>Permits Distribution of Naloxone by Pharmacists*</td>
<td>NO</td>
</tr>
</tbody>
</table>

*Under a standing order, collaborative practice agreement, or prescriptive authority.

Source: CDC NVSS
Multiple Cause of Death File, 2010-2014

Source: IMS Health

Source: National Vital Statistics System

Based on information available as of March 21, 2016
Increase in Prescription of Opioids

- Hydrocodone and Oxycodone prescribing has increased nearly 300% nationwide since 1991

Increase in Heroin Use

- Heroin use increased approximately 50% from 2005 to 2010
- Heroin deaths increased approximately 50% from 2005 to 2010

The State Responds
The 2015 Task Force

- On June 18, 2015, Governor Rick Snyder appointed a task force to address prescription drug and opioid abuse.

- Governor Snyder appointed Lt. Governor Brian Calley to lead this effort.

- Lt. Governor Calley said “prescription drug and opioid addiction has quadrupled the number of unintentional drug deaths in our state since 1999 and we must come together to reverse this trend before more Michiganders are hurt.”
The Task Force report includes 25 primary recommendations and 7 contingent recommendations grouped into the following categories:

- Prevention
- Treatment
- Regulation
- Policy and Outcomes
- Enforcement
Implementation: Working within and across systems

- 5 different state agencies are responsible for the implementation of these recommendations:
  - Department of Health and Human Services
  - Department of Licensing and Regulatory Affairs
  - Michigan State Police
  - Attorney General
  - Department of Insurance and Financial Services
Prevention
Increase drop-off bins

- Drop-off bins at all Michigan State Police posts throughout the state
- Many Law enforcement offices, pharmacies, and other locations maintain drop-off bins
- Maps of locations can be found here: http://www.michigan.gov/deq/0,4561,7-135-3312_4118_74618-370212--,00.html and here: http://ihpi.umich.edu/our-work/strategic-initiatives/michigan-open/protect-your-community
Benefits Monitoring Program

Medicaid improving "Lock In" program that prevents doctor and pharmacy shopping by locking a beneficiary to one doctor and one pharmacy

- Health Plan contract language strengthened to increase use of benefits monitoring program
- Beneficiaries are connected to treatment resources
- Software improvements are ongoing
Prevention

**Awareness Efforts**

- In July, MDHHS launched a statewide media campaign on YouTube to raise awareness among teens about the health and personal consequences of drug use.

- MDHHS posted a web-based campaign "Do Your Part" to prevent prescription drug and opioid abuse. The campaign can be accessed at [www.michigan.gov/bhrecovery](http://www.michigan.gov/bhrecovery).

- MDHHS will soon launch a statewide public awareness campaign on dangers of prescription drug abuse.
Federal Grant Funded Efforts

- MDHHS Violence and Injury Division received a $2.25 million grant to combat opioid misuse from the Centers for Disease Control and Prevention (CDC).

- The CDC grant enable Michigan to: improve data collection and analysis around misuse and overdose; develop a strategy to combat the epidemic; and work with communities to develop opioid overdose prevention programs.
Federal Grant Funded Efforts

- MDHHS is in the second year of a 5-year grant Substance Abuse and Mental Health Services Administration (SAMHSA) grant to prevent prescription drugs opioid abuse among youth and young adults.

- The grant provides eight communities (Macomb, Muskegon, Lake, Mason, Bay, Cass, Genesee and Wayne Counties) resources to integrate evidence-based prevention programming, including Screening, Brief Intervention and Referral to Treatment (SBIRT) in primary care settings.
Treatment
Treatment

**Increase access to Naloxone**

- Standing Order legislation to improve access to naloxone to family, friends, and others signed in 2016

- Rule promulgation in progress for Standing Order

- MDHHS provided 5,800 Naloxone kits to first responders along with information on where to access treatment by five Prepaid Inpatient Health Plans (PIHPs)
Increase access to care

- Medicaid established reimbursement policy regarding Vivitrol in residential treatment services

- Physicians and non-physician practitioner services related to opioid dependence may be reimbursed through Fee-For-Service Medicaid
Good Samaritan Law

The Task Force recommended passing a Good Samaritan law to encourage people to seek medical assistance during an overdose.

In 2016, Governor Snyder signed Michigan’s Good Samaritan law that will protect individuals from criminal liability if they seek medical assistance for an overdose.
Treatment

Neo-Natal Abstinence Syndrome

- Michigan participating in a Policy Academy focused on improving outcomes for pregnant and postpartum women with opioid use disorders and their infants and families who are involved or at risk of being involved with child welfare services

- MDHHS NAS Project - Substance Abuse Prevention and Treatment Block Grant Funding
  - Each PIHP region submitted a proposal aimed at reducing the incidence of NAS affected births
  - Involves building relationships with NICUs, Hospitals and other agencies such as CPS
Task Force Recommendations

- Policy and Outcomes
  - Create ongoing Task Force
- Enforcement
  - Improve the MI Automated Prescription System (MAPS)
  - Increase access to MAPS
  - Increase sanctions
Implementation: Process and Direction

- In 2016, an ongoing Prescription Drug and Opioid Abuse Commission (PDOAC) was established by Executive Order

- First meeting: December 2016 (Chair: Judge Linda Davis)

- The Commission will further support implementation of the Task Force’s recommendations
Legislation
Legislation

On March 23, Governor Snyder and several legislators announced a package of bills to combat opioid and prescription drug abuse.

Some bills are Task Force recommendations:

- Bona-fide doctor-patient relationship
- Licensing of pain clinics
- Good faith exemption for pharmacists
Potential for More Legislation

Other legislation includes:

- 7 day prescribing limit
- MAPS mandate
- Develop prescription drug education curriculum in schools
- Greater patient education requirements
- Greater provider sanctions
For Practitioners: Taking Steps Now and Going Forward
Screening Tools

- Increasingly recognized and further developed
- Separate screening tools for specific populations (e.g., Youth, Justice-involved)
Screening and Brief Intervention in Primary Care Settings

- **Ask:** Screen and Assess Risk, with follow up Brief Intervention
- **Advise:** Provide direct personal advice about substance use
- **Assess:** Evaluate the patient’s willingness to quit or reduce use
- **Assist:** Help interested patients develop a treatment plan
- **Arrange:** Help patient arrange follow up appointment if desired

Amaza et al 2015, ASAM
“SBIRT”

- Screening
- Brief Intervention
- Referral to treatment
- Primary Use for Alcohol and Tobacco
- Impact on other substance use requires further study
Substance Use Assessment and Treatment Services
ASAM Criteria:
Moving away from the cookie cutter approach
ASAM Continuum of Care

REFLECTING A CONTINUUM OF CARE

Outpatient Services  Intensive Outpatient/ Partial Hospitalization Services  Residential/ Inpatient Services  Medically Managed Intensive Inpatient Services

0  0.5  1  2  2.1  2.5  3  3.1  3.3  3.7  4

Early Intervention  Intensive Outpatient Services  Partial Hospitalization Services  Clinically Managed Low-Intensity Residential Services  Clinically Managed High-Intensity Residential Services

Note:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.
## Medication Assisted Treatments

### FDA-Approved Medications for Substance Abuse Treatment and Tobacco Cessation

| Medications for Alcohol Dependence | Naltrexone (ReVia®, Vivitrol®, Depade®)  
|                                  | Disulfiram (Antabuse®)  
|                                  | Acamprosate Calcium (Campral®)  
| Medications for Opioid Dependence | Methadone  
|                                  | Buprenorphine (Suboxone®, Subutex®, and Zubsolv®)  
|                                  | Naltrexone (ReVia®, Vivitrol®, Depade®)  
| Medications for Smoking Cessation | Varenicline (Chantix®)  
|                                  | Bupropion (Zyban® and Wellbutrin®)  
|                                  | Nicotine Replacement Therapy (NRT) |
# Integrated Behavioral Health

![Table 1. Six Levels of Collaboration/Integration (Core Descriptions)](chart)

## Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

<table>
<thead>
<tr>
<th>COORDINATED</th>
<th>CO-LOCATED</th>
<th>INTEGRATED</th>
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<tbody>
<tr>
<td>KEY ELEMENT: COMMUNICATION</td>
<td>KEY ELEMENT: PHYSICAL PROXIMITY</td>
<td>KEY ELEMENT: PRACTICE CHANGE</td>
</tr>
<tr>
<td>LEVEL 1</td>
<td>LEVEL 2</td>
<td>LEVEL 3</td>
</tr>
<tr>
<td>Minimal Collaboration</td>
<td>Basic Collaboration at a Distance</td>
<td>Basic Collaboration On site</td>
</tr>
</tbody>
</table>

### Behavioral Health, Primary Care and Other Healthcare Providers Work:

- **In separate facilities, where they:**
  - Have separate systems
  - Communicate about cases only rarely and under compelling circumstances
  - Communicate, driven by provider need
  - May never meet in person
  - Have limited understanding of each other’s roles

- **In separate facilities, where they:**
  - Have separate systems
  - Communicate periodically about shared patients
  - Communicate, driven by specific patient issues
  - May meet as part of larger community
  - Appreciate each other’s roles as resources

- **In the same facility not necessarily same offices, where they:**
  - Have separate systems
  - Communicate regularly about shared patients, by phone or e-mail
  - Collaborate, driven by need for each other’s services and more reliable referral
  - Meet occasionally to discuss cases due to close proximity
  - Feel part of a larger yet well-defined team

- **In same space within the same facility, where they:**
  - Share some systems, like scheduling or medical records
  - Communicate in person, as needed
  - Collaborate, driven by need for consultation and coordinated plans for difficult patients
  - Have regular face-to-face interactions about some patients
  - Have a basic understanding of roles and culture

- **In same space within the same facility (some shared space), where they:**
  - Actively seek system solutions together or develop work-a-rounds
  - Communicate frequently in person
  - Collaborate, driven by desire to be a member of the care team
  - Have regular team meetings to discuss overall patient care and specific patient issues
  - Have an in-depth understanding of roles and culture

- **In same space within the same facility, sharing all practice space, where they:**
  - Have resolved read or all system issues, functioning as one integrated system
  - Communicate consistently at the system, team and individual levels
  - Collaborate, driven by shared concept of team care
  - Have formal and informal meetings to support integrated model of care
  - Have roles and cultures that live or blend

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Required SUD Services Funded and Administered by the PIHP

- Access Management System – Screening, assessment and referral to appropriate treatment
- Receiving and placing referrals from the Department of Corrections
- Data System to track performance relative to National Outcome Measures
- Prevention Data System – To capture number of persons served by evidence-based practices and population type, i.e., universal, selective and indicated populations.
Required Treatment Services

- The PIHP must assure use of a standardized assessment process, including the American Society of Addiction Medicine (ASAM) Patient Placement Criteria, to determine clinical eligibility for services based on medical necessity.
- Treatment services at all levels: outpatient, case management, residential
- Inclusion of peer recovery supports and access to MAT
STR Grant
STR Grant

- The MDHHS applied for and received a $16M State Targeted Response to the Opioid Crisis Grant from SAMHSA.

- The grant is a two year grant and grant activity it expected this fiscal year.

- The purpose of the Michigan Opioid STR project is to increase access to treatment and reduce unmet treatment need; and reduce opioid overdose related deaths through the provision of prevention, treatment and recovery activities for Opioid Use Disorders (OUDs).
STR Grant: Highlights

To achieve our purpose for the project, MDHHS will:

- Improve the state infrastructure for individuals with an OUD;
- Train PIHP and provider administration on infrastructure improvements, and train provider staff on evidence-based interventions and fidelity measures;
- Implement evidence-based prevention and treatment interventions with accompanying fidelity instruments to ensure that the quality of the intervention is consistent across the provider network;
- Improve access to psychiatric services and psychotropic medications to individuals with an OUD;
STR Grant

- Expand the availability and use of specially trained peers for MAT and drug free programming;
- Expand outreach and engagement activities to primary care and law enforcement sites;
- Increase supports to the prisoner re-entry population with an OUD;
- Expand the use of peers in emergency departments and primary care settings;
- Expand overdose education and naloxone distribution; and
- Disseminate a statewide media campaign for the purpose of public education.
The Michigan Opioid STR initiative will:

- Improve awareness of the risks associated with using opioid-based medications, as well as illegal opioids;
- Increase the availability of prevention-focused evidence-based practices for individuals considered to be part of the selected or indicated portion of the population;
- Educate physicians on the CDC Prescriber Guidelines for responsible opioid prescribing;
- Increase access to Medication Assisted Treatment, withdrawal management, and residential treatment services for individuals with OUDs.
STR Grant

- Increase availability of treatment and recovery support services to individuals with OUDs, improve the quality of services for individuals with OUDs;
- Increase treatment and support services available to individuals re-entering the community from prison; and
- Revise policy and contractual language to reflect standards of care as identified in Michigan’s MAT Guidelines for OUDs.
RECOVERY

a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (SAMHSA 2014)

E.G., SYMPTOM RESOLUTION, SOBRIETY, REDUCED RECIDIVISM, SOCIAL CONNECTEDNESS, EMPLOYMENT, EDUCATION, INDEPENDENT LIVING, SELF-RELIANCE
Lessons and Opportunities

► No one system or agency has the resources to meet all the needs of their clients.

► Service systems need to be aligned with what we know is true.
  ► Addiction is a chronic illness.
  ► Healthy communities help to sustain recovery and promote wellness for all.
Websites and Resources

- SAMHSA - www.samhsa.gov
- PCSS - Provider Clinical Support Services for Opioid Therapies - www.pcss-o.org
- NIDA - www.drugabuse.gov
- AAAP - www.aaap.org
- ASAM - www.asam.org
- APA - www.psych.org
Resource and Contact Information

- Michigan Department of Health and Human Services,
  Office of Recovery Oriented Systems of Care at
  www.michigan.gov/bhrecovery